

Best Available Copy

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/528724

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4		/				
5	/					
6	/					
7	/					
8	/					
9		/				
10	/					
11		/				
12	/					
13	/					
14	/					
15	/					
16		/				
17	/					
18		/				
19	/					
20	/					
21	/					
22	/					
23		/				
24	/					
25		/				
26		4				
27		4				
28		4				
29	/					
30		4				
31		4				
32		4				
33	/					
34		4				
35	/					
36		4				
37		4				
38		4				
39		4				
40		4				
41		/				
42			/			
43			/			
44			/			
45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.		↓	19	↓		↓
TOTAL DEP.	↓		16	↓		↓
TOTAL CLAIMS		26				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/			
52			/			
53			/			
54			/			
55				/		
56				/		
57				/		
58				/		
59				/		
60				/		
61				/		
62				/		
63				/		
64				/		
65				/		
66				/		
67				/		
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	↓			↓		↓
TOTAL CLAIMS						